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CONFIRMATION NO. 1018

<b>SERIAL NUMBER</b> 10/596,742	<b>FILING or 371(c) DATE</b> 02/11/2008 <b>RULE</b>	<b>CLASS</b> 523	<b>GROUP ART UNIT</b> 1796	<b>ATTORNEY DOCKET NO.</b> 08563-0187-U1		
<b>APPLICANTS</b> Joachim E. Klee, Radolfzell, GERMANY; <b>** CONTINUING DATA *****</b> This application is a 371 of PCT/EP2004/014430 12/17/2004 <b>** FOREIGN APPLICATIONS *****</b> EUROPEAN PATENT OFFICE (EPO) 03029825.1 12/23/2003 <b>** IF REQUIRED, FOREIGN FILING LICENSE GRANTED **</b> 06/16/2008						
Foreign Priority claimed <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No 35 USC 119(a-d) conditions met <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No Verified and Acknowledged <u>/EDWARD J CAIN/</u> Examiner's Signature		<input type="checkbox"/> Met after Allowance Initials	<b>STATE OR COUNTRY</b> GERMANY	<b>SHEETS DRAWINGS</b> 0	<b>TOTAL CLAIMS</b> 12	<b>INDEPENDENT CLAIMS</b> 2
<b>ADDRESS</b> MCNEES WALLACE & NURICK LLC 100 PINE STREET P.O. BOX 1166 HARRISBURG, PA 17108-1166 UNITED STATES						
<b>TITLE</b> Dental Root Canal Filling Material						
<b>FILING FEE RECEIVED</b> 1030	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit			